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I hereby certify that this correspondence is being hand delivered to the United States Patent and Trademark Office on March 25, 2002.

Raymond A. Joao
Raymond A. Joao

RJ026

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : RAYMOND A. JOAO
SERIAL NO. : 09/391,335
FILED : SEPTEMBER 7, 1999
FOR : APPARATUS AND METHOD FOR PROVIDING EMPLOYEE
BENEFITS AND/OR EMPLOYEE BENEFITS
INFORMATION
EXAMINER : A. Kalinowski
GROUP : 2166

RECEIVED

MAR 29 2002

Technology Center 210

Assistant Commissioner for Patents
Washington, D.C. 20231

RESPONSE TO NOTICE OF INSUFFICIENT FILING FEES

Sir:

This is a response to the Notice Of Insufficient Filing Fees, mailed March 15, 2002, in the above-identified application.

Adjustment date: 03/27/2002 NMOHAMM1
09/15/1999 PSTANBAC 00000021 09391335
01 FC:201 -380.00 OP

In response to the above-referenced Notice Of

Insufficient Filing Fees, Applicant submits herewith a

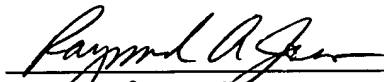
03/27/2002 NMOHAMM1 00000080 09391335

01 FC:201 370.00 OP
02 FC:202 42.00 OP
03 FC:998 7.00 OP

check in the amount of \$39.00 for payment of the indicated balance due. Applicant also submits herewith the Notice of Insufficient Filing Fees with the indicated portion completed and signed by the Applicant, along with a copy of the accompanying Patent Application Fee Determination Record.

Applicant respectfully requests that the above-identified check for \$39.00 and the completed and signed Notice of Insufficient Filing Fees be entered into the above-identified application and that the check for \$39.00 be applied for payment of the indicated balance due.

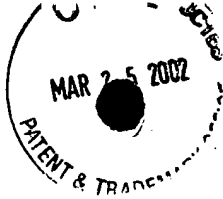
Respectfully Submitted,


Raymond A. Joao
Reg. No. 35,907

Encls.: - Check for \$39.00 for payment of the indicated balance due
- Notice of Insufficient Filing Fees signed and completed by Applicant
- Copy of Patent Application Fee Determination Record

March 25, 2002

122 Bellevue Place
Yonkers, New York 10703
(914) 969-2992



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
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MAR 29 2002

Technology Center 2100

EXAMINER

ART UNIT PAPER NUMBER

3

DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

- ☒ A. Filing Fees due upon filing the application
- | | | |
|----------------------------|------|-----|
| Total Filing Fees Due | = \$ | 419 |
| Less Filing Fees Submitted | - \$ | 380 |
| BALANCE DUE | = \$ | 39 |
- See Attachment
- ☐ B. Fees due in connection with the amendment filed on _____

Total Fees Due	= \$	_____
Less Fees Submitted	- \$	(_____)
BALANCE DUE	= \$	_____

ATTACHMENT: FORM PTO-875

Michelle R. Eason
Clerk of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT

Fee submitted \$ 39.00

Signature *Raymond A. Joao*
REG. NO. 35,907

BY HAND DELIVERY ON MARCH 25, 2002

CERTIFICATE OF MAILING
I hereby certify that this notice and fee required additional for not being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:
Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date) _____

Print Name: RAYMOND A. JOAO

Signature: *Raymond A. Joao*

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

9/391335

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	20 minus 20 = *	
INDEPENDENT CLAIMS	4 minus 3 = *	1
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

RATE	FEE
	380.00
X\$ 9=	
X39=	39
+130=	
TOTAL	419

RATE	FEE
	760.00
X\$18=	
X78=	
+260=	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.